

Refunds Due Manufacturer
(Unused Labels)

U.S. Department of Housing and Urban Development
Office of Manufactured Housing Program

OMB Approval No. 2502-0233
expires 10/31/2006

The Manufactured Housing Procedural and Enforcement Regulations, 24 CFR Part 3282, require manufacturers to report certification label usage on a monthly basis. The information collected here will be used in conjunction with reporting home distribution, collecting fees, and reimbursing parties as appropriate under these Regulations. Public reporting burden for this collection of information is estimated to average 0.5 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Response to this information collection is mandatory. This agency may not collect this information, and you are not required to complete this form, unless the form displays a currently valid OMB control number.

Manufacturer's Name & Address	Factory Address	
Manufacturer's Representative	Phone	Date (mm/dd/yyyy)

Refunds

(to be completed by manufacturer)

We hereby request that our IPIA, _____, for the above manufacturing facility, advise HUD's monitoring contractor that we have returned the following manufactured home certification labels. These labels have never been affixed to a manufactured home.

Certification Labels _____ - _____ through & including _____ - _____ = _____ (Quantity)

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Total Labels Returned: _____ X \$ _____ (Fee Paid/Label) = \$ _____

The above designated certification labels are being returned because:

- The facility has been closed effective: _____ (mm/dd/yyyy)
- The facility's IPIA has been changed to: _____, effective _____ (mm/dd/yyyy)
- Other: _____

IPIA Verification of Credit Due Manufacturer

(to be completed by IPIA)

The above designated manufactured home certification labels were received by our office on _____ (mm/dd/yyyy). This report and the labels have been analyzed and found to be accurate.

The labels (will be/will not be) reassigned. The refund due will be credited to _____ (manufacturer label code) or refund needed from HUD.

IPIA Authorized Label Administrator: _____ (signature) Date: _____ (mm/dd/yyyy)

HUD Refund Processing

(by HUD's monitoring contractor)

Date received _____ (mm/dd/yyyy) received and forwarded to HUD Date: _____ (mm/dd/yyyy) by _____

Distribution
Original - HUD's Monitoring Contractor
Copies to: IPIA
Manufacturer